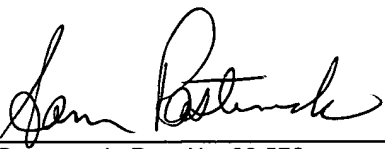



| | | | | | |
|---|---|-----------------------------------|--|---|---------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket Number 2001323-0018 (TGS-00201) | |
| Application Number 09/845,571 | Filing Date April 30, 2001 | Examiner Chojnacki, Melissa M. | Group Art Unit 2164 | | |
| Invention Title SYSTEM FOR ANSWERING NATURAL LANGUAGE QUESTIONS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application, including: | | | | | |
| <input checked="" type="checkbox"/> RCE Transmittal; <input checked="" type="checkbox"/> Check in the amount of \$395 for the RCE fee; <input checked="" type="checkbox"/> Amendment and Response; <input checked="" type="checkbox"/> Petition for Three-Month Extension of Time; <input checked="" type="checkbox"/> Check in the amount of \$510 for the extension fee; and <input checked="" type="checkbox"/> Return Postcard. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | (1) | | (2) | (3) | |
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA | RATE |
| | | | | | FEE |
| TOTAL CLAIMS | 20 | | 41 | 0 | x \$ 50 |
| INDEPENDENT CLAIMS | 4 | Minus | 6 | 0 | x \$200 |
| MULTIPLE DEPENDENT CLAIM ADDED | | | | | \$360 |
| | | | | | TOTAL |
| | | | | | \$ |
| If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | SMALL ENTITY TOTAL | | \$ |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p>() Please charge Deposit Account Number 03-1721 in the amount of \$_____. A duplicate copy of this sheet is enclosed.</p> <p>() A check in the amount of \$_____ to cover the filing fee is enclosed.</p> <p>(X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 03-1721.</p> | | | | | |
|  Sam Pasternack, Reg. No. 29,576 Date: November 4, 2005 | | | <div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 4, 2005.</p>  Jonathan N. Leach </div> | | |